

Application or Doctor Number
10/083236

Substitute for Form PTO-875

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE (\$)	FEE (\$)
X	
X	
TOTAL	

RATE (\$)		FEE (\$)
X	"	
X	"	
TOTAL		

MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.150))

• If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 8)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
x25 =	
x100 =	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
x 50 =	
x 200 =	
TOTAL ADD'L FEE	

TOTAL	
ADD'L FEE	

65

TOTAL
ADD'L FEE

8-3-07

(Column 1)

(Column 2

(Column 3)

RATE (\$)**ADDITIONAL
FEE (\$)****RATE (\$)**

**ADDITIONAL
FEE (\$)**

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

TOTAL
ADD'L FEE

OR

TOTAL
ADD'L FEE

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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